

Welcome to the Spring Hill Public Library
LIBRARY CARD APPLICATION

Last Name:

First Name:

Middle Name:

Title (circle one): Miss Ms. Mrs. Mr. Other _____

Street Address:

City:

ST:

ZIP:

IF YOU LIVE IN THE SPRING HILL CITY LIMITS, DO YOU LIVE IN: Maury County Williamson County

IF YOU HAVE A THOMPSON'S STATION ADDRESS, DO YOU LIVE IN THE SPRING HILL CITY LIMITS? Yes No

Telephone: For text messages, provide carrier:

Email address:

Which receipt type would you prefer at checkout (circle one or more)? Printed Emailed Texted

Preferred method of notification (circle one or more): Mail/Phone Email Text
(Including holds and overdue notices)

Demographics: Female Male Birthdate: / /

Would you like us to maintain a record of the books you've checked out? This will be viewable only by using your **PASSWORD**. If you say yes, please be advised that under some circumstances, law enforcement agencies may request access to your reading list. **Yes, maintain my reading list:** **No, do not maintain my reading list:**

The library maintains a policy manual that is available for inspection at any time. By signing this application, you agree to abide by the published policies. Among these policies are:

- The library charges fines for material kept past the due date, and may refuse further service until overdue materials and returned and account balances are paid.
- It is your responsibility to report changes of address, telephone and e-mail immediately.

My signature indicates that I agree to comply with library policies and rules.

Applicant signature **Date**

If applicant is between 6 and 18 years of age, the application must be signed by a parent or legal guardian.

Signature of Parent/Guardian **Date**

For staff use: ID Type _____ ID # _____ Additional proof of residence _____
P/G Name _____ P/G Barcode _____ TLC Library _____ Staff Initials _____